ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD

2643 East University Drive, Phoenix, AZ 85034 (602) 223-2514 Fax: (602) 244-0477

PUBLIC RECORDS REPRODUCTION REQUEST

Date of Request:	Telephone Number:		
Name of Requesting Party:			
E-Mail Address:			
Organization/Business Name:			
Mailing Address:	City:	St	_ ZIP
The above named person requests that the Ariz specified public records pursuant to §A.R.S.39-		ning Board	d provide the following
Record(s) requested (be specific):			
	PURPOSE FOR PUBLIC F		
I declare that the copies of public records I h	ave requested above are to be use	d solely fo	or the following purpose (s):
I declare that under A.R.S. §39-121.03, this is a	commercial purpose. non-commercial purpose.		
	Requesting Person's Signature	_	

There is a copying fee of 50¢ per page or \$10 per electronic device. Redactions will be made of any information that is confidential by statute, private or as otherwise allowed by law. You will be notified as soon as the records are available and will be released upon receipt of payment (Cash / Check / Money Order).